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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/779,497	02/09/2001	Kazuya Nishino	1095.1158/JDH	5669
21171 STAAS & HAL	7590 09/03/200 SEY LLP	EXAMINER		
SUITE 700	DIZ AMENIJIE NIM	HAVAN, THU THAO		
1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005			ART UNIT	PAPER NUMBER
			3693	
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			09/03/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	09/779,497	7779,497 NISHINO, KAZUYA	
interview Summary	Examiner	Art Unit	
	THU-THAO HAVAN	3693	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>THU-THAO HAVAN</u> .	(3)		
(2) <u>Mehdi Sheikerz</u> .	(4)		
Date of Interview: <u>18 August 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>n/a</u> .			
Identification of prior art discussed: <u>n/a</u> .			
Agreement with respect to the claims f)☐ was reached. g	ı)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Examiner was unable to</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Thu Thao Havan/ Examiner, Art Unit 3693			

Application No.

Applicant(s)